

Exhibit 8-1

HYSTERECTOMY CONSENT FORM

Arizona Health Care Cost Containment System
(AHCCCS)
Hysterectomy Consent Form

A hysterectomy is the removal of the whole uterus (womb). A hysterectomy cannot be undone and it will permanently prevent you from having children. A hysterectomy should only be done when there is a disease of the woman's uterus or some other problem that can only be treated by removing the uterus. It is a serious operation and there are discomforts and a chance of serious health problems.

AHCCCS does not cover hysterectomy procedures when performed only for the purpose of rendering an individual sterile.

By signing below, I hereby consent of my own free will to be sterilized by a hysterectomy which will render me permanently incapable of reproducing. My signature also acknowledges that I have read and understood the above information.

Patient Signature

Date

Patient AHCCCS Identification Number

Patient Social Security Number

In accordance with Federal Regulation, 42CFR §441.258, the signatures and dates below are required in order for reimbursement to be made.

Physician who performed the hysterectomy

Date

Person who obtained the patient's consent
to the hysterectomy

Date

Interpreter, if provided

Date